2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 20, 2007 8:00 am Secretary of State DOCUMENT #P06000154715 04-11-2007 90014 038 ***150.00 SAN LUIS WELDING, INC. Principal Place of Business Mailing Address 1441 NW 115TH STREET 1441 NW 115TH STREET **MIAMI FL 33167** 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIDELA, LUIS/A 1441 NW 1/5TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33167 Zip Code 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed duplinted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstated) FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPTS HILE ☐ Delete THILE Change Addition VIDELA, LUIS A NAME NAME STREET ADDRESS 1441 NW 115TH STREET STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED